

Entered - 06/15/99 - sb
CL99L0371 - DIANNE C. MITCHELL

CLAIM OF: **LESLIE JOHNSON**
6115 Abbotts Bridge Road
Apt. 213
Duluth, Georgia 30097

01-*R*-1531

For damages alleged to have been sustained as a result of vehicular damage due to road construction on May 27, 1999 at Moreland Avenue between Custer and Confederate Avenues.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. Gray DCA*

C-14

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0371

Date: September 12, 2001

Claimant /Victim LESLIE JOHNSON

BY: (Atty) (Ins. Co.) _____

Address: 6115 Abbotts Bridge Road, Apt. 213, Duluth, Georgia 30097

Subrogation: _____ Claim for Property damage \$ 731.48 Bodily Injury \$ _____

Date of Notice: 06/08/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 05/27/99 Place: Moreland Avenue, between Custer and Confederate Avenues

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that her vehicle was damaged when she drove over a pothole in the roadway. The investigation determined that the area where the incident occurred is a part of the Georgia State highway system. The claim has been forwarded to the State Department of Transportation for handling and the claimant has been advised.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-12-01

Committee Action: _____ Council Action _____

Reeves
06/11/99COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERKCity Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6-1-99

ENTERED - 6-15-99 - SB
99L0371 - MIKE REEVES

JUN 8 1999

Dear Municipal Clerk:

MUNICIPAL CLERK

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 5-27-99 2. Time of Incident: 10:30am 3. Police called: ☒ Yes ☐ No

4. Location of incident (including street address): Moreland Ave SE Atlanta

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: I was traveling on Moreland Ave when I hit a huge hole that was not covered up by the metal plate laying on the road. I blew out my tire and bent the wheel. The alignment is out too.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Honda 9th Leslie Johnson
(Make) (Year) (Tag Number) (Driver's Name)City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)9. Witness: N/A
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Leslie Johnson
Signature of Claimant

Leslie Johnson

(Print Claimant's Name)

6115 Abbots Bridge Rd.

Apt. 213 Address

Duluth, Ga. 30097

(City, State and Zip Code)

01-R-1531

404-635-0353 678-474-0798

(Work Number)

(Home Number)